Commonwealth of Massachusetts
Executive Office of Health and Human Services

THE CHILDREN'S BEHAVIORAL HEALTH ADVISORY COUNCIL

Annual Report 2018

The Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Mental Health
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October 1, 2018

Hon. Charles D. Baker, Governor of the Commonwealth
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Jeffrey C. Riley, Commissioner, Department of Elementary and Secondary Education
Hon. Denise Garlick, House Chair, Joint Committee on Mental Health, Substance Use and Recovery
Hon. Cindy F. Friedman, Senate Chair, Joint Committee on Mental Health, Substance Use and Recovery
Hon. Joan B. Lovely, Senate Chair, Joint Committee on Children, Families and Persons with Disabilities; Senate Vice Chair, Joint Committee on Ways and Means
Hon. Kay Khan, House Chair, Joint Committee on Children, Families and Persons with Disabilities
Hon. James T. Welch, Senate Chair, Joint Committee on Health Care Financing
Hon. Jeffrey N. Roy, House Vice Chair, Joint Committee on Health Care Financing
Hon. Jeffrey Sanchez, Chair, House Committee on Ways and Means

On behalf of the Children's Behavioral Health Advisory Council (Council), established under the provisions of Chapter 321 of the Acts of 2008, I am pleased to transmit its 2018 Annual Report.

Council membership is diverse and multi-disciplinary. It is comprised of representatives of leading professional guilds, trade organizations, state agencies, family and young adult leaders, and other stakeholders. A listing of the Council's membership is attached as ***Appendix A***. Throughout its years, the Council has worked to ensure that children's behavioral health receives the attention that it deserves in the larger policy conversations about healthcare reform.

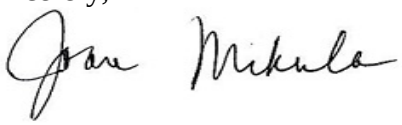
The Council's work is driven by the knowledge that:

- Half of all lifetime mental illnesses begin by age 14; three quarters by age 24.
- Between 13-20% of children living in the United States are affected by mental illness in a given year.
- 50% to 75% of youth with a substance use disorder also experience a co-occurring mental illness.
- Suicide is now the second leading cause of death for youth between the ages of 10 to 24.
- 50% of students age 14 or older with a mental disorder drop out of high school, the highest drop-out rate of any "disability" group.
- The CDC estimates that the economic impact of mental health challenges among youth under age 24 is $247 billion annually.

Without intervention, child and adolescent psychiatric disorders frequently continue into adulthood and are increasingly associated with disability and increased medical costs. For example, research shows that when children with coexisting depression and conduct disorders become adults, they tend to use more health care services and have higher healthcare costs than other adults. Thus, while children are not "cost drivers" our failure to intervene or engage in preventative measures result in bringing them to adulthood, where their medical needs and costs become significantly higher.

The Commonwealth's investments in a range of policy and practice reforms will require addressing concerns about the capacity of the workforce. In 2018, the Council continued to examine the dimensions of the workforce challenge and learn about promising initiatives designed to address those challenges.

Sincerely,



Joan Mikula
Commissioner
On behalf of the Children's Behavioral Health Advisory Council

cc: Marylou Sudders, Secretary, Executive Office of Health and Human Services

I. INTRODUCTION AND PRELIMINARY STATEMENT

Section 1 of Chapter 321 of the Acts of 2008 amended Chapter 6A of the Massachusetts General Laws, by inserting Section 16Q and established the Children's Behavioral Health Advisory Council (Council) and placed the Council, "within but not subject to control of, the executive office of health and human services." Additionally, the language of section 16Q (a) states the Council is to, "advise the governor, the general court and the secretary of health and human services." The scope and breadth of the Council's advisory role is best evidenced in subparagraph (d) of Section 16Q, which authorizes the Council to make recommendations in the following areas:

(i) best and promising practices for behavioral health care of children and their families, including practices that promote wellness and the prevention of behavioral health problems and that support the development of evidence-based interventions with children and their parents;
(ii) implementation of interagency children's behavioral health initiatives with the goal of promoting a comprehensive, coordinated, high-quality, safe, effective, timely, efficient, equitable, family-centered, culturally-competent and a linguistically and clinically appropriate continuum of behavioral health services for children;
(iii) the extent to which children with behavioral health needs are involved with the juvenile justice and child welfare systems;
(iv) licensing standards relevant to the provision of behavioral health services for programs serving children, including those licensed by entities outside of the executive office of health and human services;
(v) continuity of care for children and families across payers, including private insurance; and
(vi) racial and ethnic disparities in the provision of behavioral health care to children.

The Council believes it is vital to its mission, and ultimately to the families and children of the Commonwealth, that it was established as an independent advisor to both the Executive and Legislative branches. Our credibility as an advisory body depends upon our independence and ongoing commitment to advocate for legislation, policies, practices and procedures that best serve the families and children of the Commonwealth with emotional disorders and behavioral health needs. Our recommendations are guided by our expertise, experience, and our commitment to the families and children of the Commonwealth. We hope our work is useful to both the Executive and Legislative branches as we collectively work toward an integrated health care system that addresses the behavioral health needs of our children and adolescents.

II. COUNCIL'S ACTIVITIES

During the period covered by this Report (October 2017 through September 2018), the Council met six times, on the first Monday of the month.

The Council's priority has been to examine a range of challenges in recruiting and retaining a high quality, well-educated behavioral health workforce and identify promising initiatives designed to address those challenges. Establishing workforce as a priority was the result of Council meetings during which members shared their organization's policy and practice priorities. These priorities include: emergency department boarding; substance misuse in general and the opioid crisis specifically; progress on the CBHI remedy implementation; MassHealth reform; implementing evidence-based and promising practices; and innovations to improve the delivery system. In order for the behavioral health workforce to be successful in any of these areas, effort and investment must be made in educating for 21st century knowledge and skills; integrating disciplines (e.g., social work in primary care); promoting public sector careers; and addressing the impact of payment rates and rate types on recruitment and retention.

In addition to learning from and supporting each other's work, the Council's deliberations are informed by other organizations concerned about workforce issues. This year, we invited several organizations providing leadership on workforce issues to share their work with us.

- Growing and sustaining the peer workforce, broadly defined to include family partners, young adult peer mentors, community outreach workers, recovery coaches. The Council heard a presentation about the Children's Behavioral Health Worker Certificate Program, a two-semester, college-credit certificate program for both current and future Family Partners, Therapeutic Mentors and newly created Peer Mentor positions. The Massachusetts Association of Community Health Workers also shared its work to strengthen the professional identity of community health workers (CHWs), foster leadership among CHWs, and promote the integration of CHWs into the health care, public health and human service workforce.

- Streamlining the licensing and credentialing process. Representatives from the Massachusetts Health and Hospital Association (MHA) shared the efforts of the Mass Collaborative to simplify health care administration across the industry. They presented their analysis of the opportunities to improve the processes for licensing, credentialing and health plan enrollment. MHA also provided an overview on the Telemedicine Coalition's legislative effort to use telemedicine to improve access to quality care.

- MassHealth provided an update on its Delivery System Reform Incentive Payment (DSRIP) statewide investments related to increasing workforce capacity. This followed MassHealth's community sessions on its plans for statewide investment of DSRIP funds, which many members also attended. Of particular interest is the Workforce Development Grant Program, which will support development and training to enable members of the frontline/extended healthcare workforce to more effectively operate in a new health care system.

- The Commonwealth Corporation shared their strategic approach to solving a workforce supply problem as well as some of the specific initiatives and partnership in which they are engaged.

III. THE CHILDREN'S BEHAVIORAL HEALTH KNOWLEDGE CENTER

As in previous years, Council members attended the Children's Behavioral Health Knowledge Center's Annual Symposium and Gailanne Reeh Lecture. The Knowledge Center was mandated in the same enabling legislation that created the Council (Chapter 321, Acts of 2008) and its stated mission is to ensure that:

- the workforce of clinicians and direct care staff providing children's behavioral health services are highly skilled and well trained;
- the services provided to children in the Commonwealth are cost-effective and evidence-based; and
- the Commonwealth continues to develop and evaluate new models of service delivery.

Located at the Department of Mental Health, the Knowledge Center filled a gap in the children's behavioral health system by serving as a knowledge broker, collaborator, and an information hub, through its Annual Symposium, website, workshops, and webinars. It works with state agencies, community based service providers, advocates, and other stakeholders who are developing, implementing, and advocating for practices, programs, and service delivery models that are based on the best available evidence about what works to improve outcomes for children and youth.

The Knowledge Center has become a valuable and effective leader in addressing the workforce challenge through a number of creative partnerships and projects. A particular area of expertise is quality supervision. The Knowledge Center partners with state agencies, community-based provider organizations, and national experts to design, test, and implement strategies for improving the quality and effectiveness of supervision.

IV. THE YEAR AHEAD

When the Council was established in 2008, there was a sense of urgency borne of the *Rosie D.* remedy agreement. Since then, the Children's Behavioral Health (CBH) system has matured, with numerous working groups and coalitions forming to advance its long-term development. The Council's role has evolved in parallel to the CBH system's evolution. As a multi-organizational, multi-disciplinary body, it is uniquely positioned to provide advice on the plans and products developed through the deliberations of these working groups and coalitions external to the Council. We anticipate that in the coming year, the Council will advise these groups and their initiatives with eyes on the long-term development of the children's behavioral health system.

APPENDIX A

The Children's Behavioral Health Advisory Council (the Council) was established under the provisions of Chapter 321 of the Acts of 2008. The Council is a unique public-private partnership representing child-serving agencies, parents and professionals with expertise in the issues of children's mental health. The membership of the Commission during the last year is as follows:

Joan Mikula, Chair Commissioner Department of Mental Health	David Matteodo Massachusetts Association of Behavioral Health Systems Representative
Kristen Alexander Department of Children and Families	Marsha Medalie Association for Behavioral Healthcare Representative
Janet George Department of Developmental Services	Tammy Mello/Joe Leavey Children's League of Massachusetts Representative
Jack Simons Director Executive Office of Health and Human Services Children's Behavioral Health Interagency Initiative	Peter Metz, M.D. New England Council of Child and Adolescent Psychiatry Representative
Carol Nolan Department of Early Education and Care	Barry Sarvet, M.D. Massachusetts Psychiatric Society Representative
Tracey McMillan Division of Insurance	Michael Yogman, M.D. Mass Chapter of the American Academy of Pediatrics Representative
Jane Ewing Department of Elementary and Secondary Education	Eugene D'Angelo, Ph.D. Massachusetts Psychological Association Representative
Robert Turillo Department of Youth Services	Rebekah L. Gewirtz National Association of Social Workers – Massachusetts Chapter Representative
Brian Jenney/Kate Roper Department of Public Health	Lisa Lambert/Dalene Basden Parent/Professional Advocacy League Representative
Maria Mossaides The Child Advocate Office of the Child Advocate	Mary McGeown Massachusetts Society for the Prevention of Cruelty to Children Representative
Danna Mauch Massachusetts Association for Mental Health Representative	Ken Duckworth, M.D. Blue Cross Blue Shield of Massachusetts Representative
William R. Beardslee, M.D. Massachusetts Health and Hospital Association Representative	John Straus, M.D. Massachusetts Behavioral Health Partnership Representative

Sarah Gordon Chiaramida Massachusetts Association of Health Plans Representative	Amy Carafoli-Pires Boston Medical Center HealthNet Plan
Elizabeth Bosworth Beacon Health Strategies	Paul Shaw
John Sargent, M.D.	Midge Williams